ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | HL | | 4-17-01 |
| O.I.P.E. CLASSIFIER | | 4P | 5/8/01 |
| FORMALITY REVIEW | MK | SC 569 | 6/05/01 |
| RESPONSE FORMALITY REVIEW | ZM | 927 | 07/23/01 |

### INDEX OF CLAIMS

| | | | |
|---|---|---|---|
| ✓ ............... Rejected | N ............... Non-elected |
| = ............... Allowed | I ............... Interference |
| – (Through numeral)... Canceled | A ............... Appeal |
| ÷ ............... Restricted | O ............... Objected |

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

LL
06/06/01
SC 258
7/23/01